

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

RECEIVED  
FEC MAIL CENTER

2009 NOV -3 AM 9:26

Office use only

1. NAME OF  
COMMITTEE (In full)(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

ADDRESS (number and street)

PO BOX 9606

(Check if address  
is changed)

MISSION HILLS

CA

91346

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

jwinfield@pharmavite.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

M M  
1 0D D  
2 8Y Y Y Y  
2 0 0 9

3. FEC IDENTIFICATION NUMBER

C C00410654

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Julie Winfield

Signature of Treasurer



Date

M M  
1 0D D  
2 8Y Y Y Y  
2 0 0 9

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2008)

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